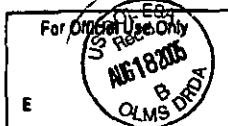


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>9644</b>	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name <b>GARY</b> <b>YOUNG</b>  P O Box Bldg Room No If any  Street <b>555 HORACE BROWN DRIVE</b>  City <b>MADISON HEIGHTS</b>  State <b>Michigan</b> ZIP Code + 4 <b>48071</b>	4 Name file number and address of labor organization. Name <b>PLUMBERS LOCAL 98</b>  Labor Organization File Number <b>005 131</b>  P O Box Building and Room Number if any  Street <b>555 Horace Brown Drive</b>  City <b>Madison Heights</b>  State <b>Michigan</b> ZIP Code + 4 <b>48071</b>
5 Position in labor organization <b>BUSINESS MANAGER</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employee whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name  Trade Name if any  P O Box Bldg Room No If any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction or Income        7 b Amount

Signature

15. Signature and verification The undersigned declare, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On 08/11/2005

Date

248-307 9800

Telephone Number

Name of Person Filing <b>GARY YOUNG</b>	File Number U-
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<b>B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested</b>	
<b>8 Name and address of Business (including trade name if any)</b>  Name <b>Plumbers Local 98</b>  Trade Name if any <b>Plumber</b>  P O Box Bldg Room No if any  Street <b>555 Horace Brown Drive</b>  City <b>Madison Heights</b>  State <b>Michigan</b> ZIP Code + 4 <b>48071</b>	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name <b>PLUMBERS LOCAL 98 INSURANCE TRUST FUND</b>  Trade Name if any <b>PLUMBER</b>  P O Box Bldg Room No if any  Street <b>30700 NORTHWESTERN HWY</b>  City <b>BINGHAM FARMS</b>  State <b>Michigan</b> ZIP Code + 4 <b>48025</b>	<b>11 a Nature of such dealing</b>  <b>TRUSTEE WITH TRUST BENEFITS RECEIVED INSURANCE BENEFITS</b>
	<b>11.b Approximate dollar value of such dealing</b> \$9 106
	<b>12 a Nature of interest held or income received</b>     <b>12 b Amount</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <b>BOYD WATERSON</b>  Trade Name if any  P O Box Bldg Room No if any <b>SUITE 1400</b>  Street <b>1801 E NINTH ST</b>  City <b>CLEVELAND</b>  State <b>Ohio</b> ZIP Code + 4 <b>44114 3179</b>	<b>14.a Nature of payment</b>  <b>GOLF OUTING WITH DISCUSSION OF PENSION PLAN PROBLEMS</b>    <b>TO THE BEST OF MY KNOWLEDGE THIS IS ALL THAT I CAN RECALL REGARDING MY ACTIVITIES FOR THE GIVEN PERIOD IF ANYTHING FURTHER COMES TO MY ATTENTION I WILL AMMEND THIS FILING</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b> \$60

